

FIRE PREVENTION PLAN CHECK APPLICATION

PROJECT#: _____
(FIRE PREVENTION ONLY)

DATE: _____

TYPE OF PLAN: (PLEASE SELECT ONE ONLY)

____ Bldg/New Construction (OCC. CLASS ____)
____ Sprinkler/New Construction (# ____ HEADS)
____ Fire Alarm (____ NEW ____ T.I.)
____ Fire Suppression System
____ Above Ground Tanks (# ____ TANKS)
____ OTHER

____ Bldg/Tenant Improvement (OCC. CLASS ____)
____ Sprinkler/Tenant Improvement (# ____ HEADS)
____ Fire Hydrant/Fire Access
____ Spray Booth
____ Underground Tanks (# ____ TANKS)

PLEASE PRINT – SECTION BELOW MUST BE FILLED OUT COMPLETELY AND SIGNED

PROJECT NAME:			
PROJECT ADDRESS:			
DESCRIPTION OF WORK:			
COMPANY NAME:	CONTACT PERSON:	PHONE#:	
ADDRESS:	CITY:	STATE:	ZIP:
STATE LIC. #:	CLASS:	EXP. DATE:	
CITY BUSINESS LIC. #:	EXP. DATE:		
ALL PLANS ARE REQUIRED TO INCLUDE PREVIOUS AND PROPOSED BUILDING USE; OCCUPANCY CLASSIFICATION, PER UBC; SQUARE FOOTAGE; TYPE OF CONSTRUCTION AND INFORMATION REGARDING IF BUILDING IS SPRINKLERED OR NOT. ANY PLANS SUBMITTED WITHOUT THIS INFORMATION WILL BE RETURNED			
Signature: _____		Date: _____	

(FIRE PREVENTION OFFICE USE ONLY)

Plans Submitted By: _____

Plan Review Fees: _____

Plan Review Checked By: _____ Date: _____